Primary Care Respiratory Journal (2008); 17(1): 1-2

Primary Care
RESPIRATORY JOURNAL
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EDITORIAL

What's in this issue

A warm welcome to the first *Primary Care Respiratory Journal* (*PCRJ*) issue of 2008.

We have now completed our first year of providing free unlimited worldwide access to all *PCRJ* papers on our journal website, www.thepcrj.org. The response has been phenomenal. We reported the website statistics for the period January to October last year in our 2007 Annual report in the last issue.[1] The figures for January 2008 show a 50% increase in website traffic compared to a few months ago, and we are delighted to report that several papers have now been downloaded in excess of 10,000 times. As we have mentioned previously, we are indebted and enormously grateful to our publisher, Sherborne Gibbs, who provided us with the opportunity to set up the website just over a year ago. Not only can we now provide free access to *PCRJ* papers for researchers and clinicians around the world – which is of particular importance to our colleagues in developing countries – but the website itself has dramatically increased the international profile of the journal. As a consequence, paper submissions are increasing, and the quality of submitted papers continues to rise.

In the light of these developments, and very much as we expected when we wrote our 2007 Annual report,[1] we have taken the decision to reduce the frequency of the hard copy print version of the *PCRJ* to four issues a year. Like many other journals, this exemplifies the importance of online publication. In addition to the printed versions, many online papers will also include additional material in the form of appendices. Thus, for example, the paper by Reddel *et al* on page 39[2] has an online appendix supplement (available at www.thepcrj.org) which provides the results of an additional secondary data analysis as well as two further references. Given the importance of the online version of the *PCRJ*, we provide a fast service for authors so that accepted papers are published online soon after final acceptance. In addition, we continue to provide our usual services, such as medical editorial and copy-editing assistance for authors for whom English is not their first language, and fast-track double-blind peer review within four weeks for submitted papers which we consider to be of very high quality.

We hope you will agree that there are some excellent papers in this issue. Here is our selection of highlights;

- The review paper by Glasgow[3] is the first in a series of four commissioned papers from around the world outlining various different national systems for managing patients with respiratory diseases in primary care. The accompanying editorial by Beilby, Williams and Levy[4] presents the rationale behind our decision to commission these papers. We hope that the first batch of papers – from Australia, Canada, Pakistan and South Africa – will provide a useful model for clinicians, researchers and healthcare managers throughout the world.
- The paper by Reddel *et al* is of very considerable interest.[2] This randomised, double-blind, placebo-controlled, parallel-group study showed that patients with symptomatic mild asthma who were randomised to receive regular fluticasone treatment for 11 months, ended up with significantly better morning FEV_1 and PEF values, better clinic spirometry, and better exhaled nitric oxide levels and airway hyperresponsiveness, when compared with control patients. Treatment with low dose inhaled corticosteroid therefore led to significant improvements in lung function, exacerbations, and in pathophysiological predictors of future risk, even though patient symptoms were minimal at entry. The authors discuss the potential implications of this study – clearly more research into the question of earlier introduction of inhaled steroids needs to follow.
- The review by Storms on allergic rhinitis-induced nasal congestion and its impact on sleep[5] is an excellent and comprehensive review of the subject. Allergic rhinitis is very common, but its impact on sleep, and consequently on various aspects of patients' lives, has previously been an under-recognised and under-treated component of rhinitis morbidity. The role of nasal corticosteroids is discussed fully.
- The Discussion paper by Dean on page 46 outlines the importance of the general practitioner/primary care physician in the management of patients with COPD who require end-of-life (palliative) care.[6] He discusses the three main areas to be covered in one's discussions with the patient and their family: the likely disease course and survival prognosis; advance health care directives; and symptom management.
- Finally, the paper by Boutou *et al* on the predictors of successful smoking cessation interventions in a sample of

Greek smokers,[7] reports that the time to first cigarette after waking, and use of bupropion, independently predict abstinence from cigarettes for a six-month period, whereas night awakening is negatively associated with abstinence.

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